

**Q: How is my decision recorded**

A: You have two choices:



**Important Information concerning your detailed health records held by this service**

Dear Patient,

**Patient choices regarding sharing of health records**

Electronic records are kept in all the places where you receive healthcare. Often, NHS care services can usually only share information from those records by letter email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

This service uses a secure computer system that allows the sharing of full electronic records across different NHS care services. This form is **not** about your Summary Care Record (SCR), it is asking your sharing preferences regarding your full detailed electronic record.

We are telling you about this, as you have a choice to make. You can choose to share or not to share your full electronic record with other NHS care services where you are treated and whether we can view records held by those other services.

If you choose to make your record shareable, ***your clinical details will only viewable by clinical teams who are treating you. Each clinical team which cares for you now or in the future will ask your permission to view your shared record.*** You can also ask for part of your record to be made private – not shareable. All record accesses are recorded and auditable.

If you choose not to make your records shareable, we will respect your wishes and will do our best to make your care safe and efficient. However, ***denying the clinical teams caring for you the ability to access important clinical details could compromise your care.***

If you require further information please ask at reception. You can also download the Sharing Healthcare Records booklet - <http://bit.ly/SharingHealthCareRecords>.

**You can change your mind at any time – just let us know.**

**Sharing Out** – Do you want information entered here to be shareable? You will then be able to choose which other NHS care providers can view the information when you next use their service or when you register for a new service. Please record your preference:

**Please tick: Sharing Out**

**Yes** (shareable)  or **No** (not shareable)

**Sharing In** – Your doctor can currently view information recorded by other NHS care providers that you use. Do you want us to continue to be able to do this? Please record your preference:

**Please tick: Sharing In**

**Yes** (viewable)  or **No** (not viewable)

Patient Name (Print Name): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

NHS Number (if known) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_